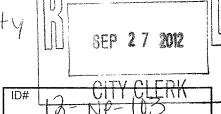
CITY / TOWN OF LONG HOWARD CITY POLITICAL COMMITTEE TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01



	10) 101 100
NAME OF POLITICAL COMMITTEE \U ALTER SPAWR ADDRESS (NUMBER & STREET) CITY STATE ZIP	
ADDRESS (NUMBER & STREET)	CITY STATE ZIP LAKE HAVASU AZ 86404 CITY STATE ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY STATE ZIP 7
COMMITTEE TELEPHONE # COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS WSPAWR @ CITLINIT, NET
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE	
ADDRESS OF SPONSORING ORGANIZATION	EMAIL ADDRESS AND FAX #
Select the boxes that apply:	
A. This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01.	
Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.	
☐ The disposition of surplus monies was submitted	d on the campaign finance report filed on:
☐ The disposition of surplus monies is reported on the attached campaign finance report.	
B. This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.	
C. This committee has transferred the committee's debts and obligations to a subsequent committee.	
Please enter the full name and ID# of the committee into which debts and obligations have been transferred.	
Name of Committee:	ELECT WALTERSPAUR 1D# 12-NP-118
We, WALTER SPAWR Printed name of Chairman and	WALTER SPAWIZ ,certify under Printed name of Treasurer
penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.	
Signature of Chairman	Signature of Treasurer
Signature of Chairman	Signature of Treasurer